

1722 0000 88352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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R. HUNT  
04/16/24

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EXCELLIFE INTEGRATIVE CARE, CORP.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P22000088352  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariel Diaz  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4939 Floramar Ter Apt 408  
\_\_\_\_\_  
(Address)

New Port Richey, FL 34652  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maite Diaz at (727) 297-9779  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

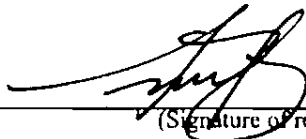
2007 JUL 15 AM 5:50  
CD  
CLERK OF STATE  
TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ariel Diaz, hereby resign as President and Registered Agent  
(Title)

of Excellife Integrative Care, Corp.  
(Name of Corporation)

P22000088352, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

2021-07-16 AM 5:50  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314